

**Missouri Valley College
School of Nursing & Health Sciences**

BSN Applicant Reference Form

Applicants Name: _____

Reference Name: _____ Credentials: _____

Title: _____ Institution: _____

What capacity have you known the applicant? _____

Length of time you have known the applicant? _____

Please rank the applicant (1 = Outstanding, 2 = Above Average, 3 = Average, 4 = Below Average, N/A = unable to rank) in the following categories:

	1	2	3	4	N/A
Motivation					
Accepts responsibility					
Reliability					
Ability to work with others					
Critical Thinking					
Ability to express self verbally and in writing					
Accepts constructive criticism					

List three strengths of the applicant's most positive characteristics/strengths.

List three areas that the applicant might need improvement.

Additional comments: _____

How do you recommend this applicant for the BSN program?

Not recommended

Recommend with some reservations

Recommend

Strongly recommend

May the selection committee contact you for further questions if needed? Yes No

Contact Information: Phone: _____ Email: _____

Signature: _____ Date: _____

Please email or fax signed reference to: Carla England at son@moval.edu or fax 660-831-0975

If you have any questions please call 660-831-4264.